

<b>FSA-439</b> (10-04-04)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	1. State and County Code	2. Application Date (MM-DD-YYYY)
		3. County Office Name	

## FLORIDA CITRUS DISASTER PROGRAM APPLICATION

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Section 32 of the Act of August 24, 1935. The information will be used to determine eligibility in accordance with the requirements of the Federal Register Notice for applicants who are requesting Florida Citrus Disaster Program benefits. Furnishing the requested information is voluntary, however, failure to furnish the requested information will result in a determination of ineligibility for Florida Citrus Disaster Program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal or to other requests for information. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001, 1004; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency generally may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0560-0247. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

### PART A - PRODUCER INFORMATION

4A. Producer's Name	4C. Producer's Address (Including Zip Code)	5. Producer's Tax ID Number
4B. Telephone Number (Including Area Code)		

### PART B - PAYMENT INFORMATION

Payments are for approved citrus crops only for losses associated with 2004 hurricanes Charley, Frances, and/or Jeanne only in Florida counties designated by FSA for those crops, and are subject to the definitions, provisions, modifications, payment and income limitations, geographical and other limitations, future crop insurance requirements and other conditions provided for in the Federal Register notice for this program or additionally imposed by FSA. Losses must be in qualifying counties identified by FSA. Within the area comprised of the qualifying counties, geographical "Bands" of loss based on severity of general losses will be identified by FSA. Groves qualifying more than one tier will be paid under one tier only. Actual losses or costs must equal or exceed payment amount. Upward tier adjustments may be made by FSA for producers with loss levels which would qualify for higher tiers but do not meet the higher tier's Band location. Such adjustments may be made only upon approval of the FSA county office committee. The chart below provides the qualifying tier loss levels and announced payment rates per acre.

Tier	Insured/Noninsurable Rate	Uninsured Rate
<b>Tier I</b> = Grove located in Band I and has 75% or greater crop loss and associated tree damage	\$ 1500.00	\$ 1425.00
<b>Tier II</b> = Grove located in Band I or II and has 50% or greater crop loss and associated tree damage	\$ 1000.00	\$ 950.00
<b>Tier III</b> = Grove located in Band I or II or III and has 35% or greater crop loss and associated tree damage	\$ 600.00	\$ 570.00
<b>Tier IV</b> = Grove located in Band I or II or III or IV and has 15% or more of its trees damaged	\$ 100.00	\$ 95.00

### PART C - LOSS INFORMATION AND CERTIFICATION

6. Do you have insurance or NAP coverage on any citrus acreage in this county? <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. Enter the grove number of the disaster affected grove in Item 7A; the acres in the disaster affected grove in Item 7B; the tier that reflects the claimed level of loss in Item 7C (see instructions); and the producer's share of the grove in Item 7D. (All entries subject to FSA verification)			
7A. Grove No.	7B. Acres	7C. Tier	7D. Producer's Share

**Certification by Applicant:** I certify that the losses and costs reflected on this application are the result of hurricanes Charley, Frances, and/or Jeanne, exceed the payment amount sought and all information entered on this application is true and correct. Providing a false certification to the government may be punishable by imprisonment, fines and other penalties. All information provided herein is subject to verification by FSA. The provisions of criminal and civil fraud statutes that apply to this certification include 18 USC 286, 287, 371, 641, 651, 1001, 1004; and 31 USC 3729. I understand that these payments are subject to federal regulations found in 7 CFR Part 12, Part 1400, subparts A, B and C, and Part 718.6 and 718 subpart B and to the definitions, provisions, modifications, payment and income limitations, geographical and other limitations, future crop insurance requirements and other conditions provided for in the Federal Register notice for this program or additionally imposed by FSA.

8A. Producer's Signature		8B. Date (MM-DD-YYYY)
9A. COC Signature	9C. Date (MM-DD-YYYY)	9D. County FSA Office Name and Address (Including Zip Code)
9B. ACTION:  <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		9E. Telephone Number (Including Area Code)